POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	10-17-··
FORMALITY REVIEW	cy _4c	122 _Fwe	11/07/01 12 03·0f

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral) Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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